HOLLARD INSURANCE BOTSWANA
(REG. NO. 2005/654)

Plot 50676, Block A
BIFM Building
Fairgrounds Business Park
Gaborone
Botswana

PROPOSAL FOR HOUSEHOLD CONTENTS INSURANCE

Tick ✓ where applicable

BLOCK LETTERS PLEASE

IMPORTANT: Cover under the policy will only commence after HOLLARD INSURANCE BOTSWANA has officially approved the proposal.

PARTICULARS OF THE PROPOSER

Name

(Surname, initials and title)

Postal address

Residential address

Telephone number: Home

Work

Occupation

Employer

I.D. Number

Date ot birth D D M M Y Y Y Y

Language: English ☐ Other ☐

Inception/commencement date D D M M Y Y Y Y

FOR OFFICE USE

HIB branch number

Branch name

Agency number

Agency name

Agency telephone number

Policy number

Inception date D D M M Y Y Y Y

GENERAL

1. Has HOLLARD INSURANCE BOTSWANA or any other Insurer ever declined a proposal, cancelled any policy (or any section thereof), imposed any special conditions, refused to renew any policy (or any section thereof), or refused to continue with your insurance? Yes ☐ No ☐

   If "Yes", please give full particulars

2. Are you at present insured against any of the perils/contingencies of which you now propose to insure? Yes ☐ No ☐

   If "Yes", state: Insurer

   Policy number

   Type of policy

3. If at present you do not have insurance but previously had insurance, please give the following particulars:

   Date on which the previous insurance was cancelled or has lapsed.

   Name of previous insurer Policy number

4. If you never had any short-term insurance, please give the reason for it being so:

5. History of previous losses/claims. Please give full particulars in respect of all losses sustained by you during the past five years, including all claims which have been paid or not been paid.

Type of loss/claim	Year	Amount	Insurer

METHOD OF PREMIUM PAYMENT

Yearly in cash ☐ OR Per monthly debit order ☐ to be drawn against: a cheque account ☐

a transmission account ☐

DEBIT ORDER INFORMATION AND AUTHORISATION

Surname and initial of account holder

(Name of account at the Institution)

Cheque/Transmission account number

NB: Please attach specimen cancelled cheque.

(Client identification number)

Institution/Branch identification number (e.g. Bank's clearing number)

Name of Bank/Building Society

Postal address of Bank/Building Society

I authorise HOLLARD INSURANCE BOTSWANA to draw on my account (wherever it may be) at the abovementiioned Institution, in any manner agreed between HOLLARD INSURANCE BOTSWANA and such Institution, the amount of the premium (and stamp duty) payable, and I request the aforesaid Institution to debit my account with all debits drawn against it by HOLLARD INSURANCE BOTSWANA.

I understand that either I or HOLLARD INSURANCE BOTSWANA may at any time cancel these arrangements in writing.

Signature of account holder

SECTION 2 – HOUSEHOLD CONTENTS (HOME OWNERS)

By completing the Inventory on a "new for old" basis, you will be in a better position to ascertain what the sum insured under Section 2 (Contents Insured) should be.

	SUM INSURED	PREMIUM	FOR OFFICE USE

MAIN RESIDENCE
(Contents of private residence and domestic outbuildings)

Residential address

Suburb

Total amount insured P P

Construction: Are the buildings constructed solely from brick, stone or concrete wall and roofed with tiles, slate, metal or asbestos? Yes ☐ No ☐

If "No", please specify

Do you require insurance against subsidence and landslip? Yes ☐ No ☐ P

TOTAL P

PLEASE ANSWER THE FOLLOWING QUESTIONS

1. Will you be going on holiday within the next 30 days? Yes ☐ No ☐
2. Will the residence be left unoccupied for more than 60 days? Yes ☐ No ☐
   If "Yes", number of days
3. Are you the owner of the residence? Yes ☐ No ☐
4. For how long have you stayed in the residence?
5. Are you and your family the sole occupants? Yes ☐ No ☐
   If "No", state other occupants
6. (a) Type of residence:
   - Holiday home – Unoccupied ☐ Holiday home – Occupied ☐ Park home ☐
   - House/Private dwelling ☐ Hotel ☐ Flat ☐
   - Boarding house ☐ Duet ☐ Hostel ☐
   - Granny flat ☐ Retirement village/home ☐ Other dwelling ☐

   Specify

   (b) If the residence is a private flat, on which floor of the building is such flat?

   (c) If the residence is a holiday home – unoccupied, state period of unoccupancy and precautionary measures instituted during such period of unoccupancy.
7. On which of the following is the residence situated?
   Small-holding/plot ☐ Farm ☐ New area/extension ☐ Established area/extension ☐
8. Are there any of the following adjoining any boundary of the property?
   - Vacant stands Yes ☐ No ☐ Parks Yes ☐ No ☐ Vacant fields Yes ☐ No ☐
   - Golf-courses Yes ☐ No ☐ Highways Yes ☐ No ☐ Railway lines Yes ☐ No ☐
   - New building under construction Yes ☐ No ☐ Shops/cafes Yes ☐ No ☐
9. (a) Are all the opening windows of the residence and domestic buildings protected by proper burglar-proofing? Yes ☐ No ☐
   (b) Are all the fixed windows of the residence and domestic buildings protected by proper burglar-proofing? Yes ☐ No ☐
   (c) Are there any louvre windows in the residence and domestic outbuildings? Yes ☐ No ☐
   If "Yes", are such louvre windows protected by proper burglar- proofing? Yes ☐ No ☐
   (d) Are there any fanlights in the residence and domestic outbuildings? Yes ☐ No ☐
   If "Yes", are such fanlights protected by proper burglar-proofing ? Yes ☐ No ☐
   (e) Are there in the residence and domestic outbuildings any windows/glass panels directly next to any sliding doors leading to the outside? Yes ☐ No ☐
   If "Yes", are all such windows/glass panels protected by proper burglar-proofing? Yes ☐ No ☐

SECTION 2 continued

FOR OFFICE USE

10. EXTERNAL DOORS

(a) How many external doors (including sliding doors leading to the outside) are there in the residence? ____

(b) Please give below full particulars of the location, type and protection of each of such external doors (Refer to the example as a guide for completion thereof).

LOCATION OF OUTER DOOR (Example: Front door)	TYPE OF OUTER DOOR (Example: Wooden door with glass panel next to it)	PROTECTION OF OUTER DOOR (Example: Security gate and outer door has 5 lever lock)
1.		
2.		
3.		
4.		
5.		
6.		

11. Do you employ a domestic servant? Yes ☐ No ☐

If "Yes": (i) for how long is he/she already in your employ? ____

(ii) Is he/she employed by you on a full-time basis, Yes ☐ No ☐

or a part-time basis? Yes ☐ No ☐

(iii) number of days per week in your employment? ____

12. Is somebody normally at home during the day? Yes ☐ No ☐

If "Yes", whom? ____

13. Do you or anybody else carry on any profession/business from the residence? Yes ☐ No ☐

If "Yes", please describe. ____

14. Are your home contents protected by means of a fully operational burglar alarm? Yes ☐ No ☐

If "Yes", please state:

(a) Name of installation company ____

(b) If linked to a control centre? Yes ☐ No ☐

(c) If the system incorporates an immediate siren? Yes ☐ No ☐

(d) Is the alarm monitored by a security company? Yes ☐ No ☐

15. Do you keep any large watch-dogs on the premises of the residence? Yes ☐ No ☐

If "Yes": (i) how many? ____ and breed(s) ____

(ii) can such watch-dog(s) move all round the outside of the residence? Yes ☐ No ☐

16. Is there a fence on the premises of the residence? Yes ☐ No ☐

If "Yes": (i) state the type of fence (e.g. brick) ____

(ii) state the height of the fence ____

(iii) are all the gates in the fence usually kept closed and locked during the day? Yes ☐ No ☐

during the night? Yes ☐ No ☐

(iv) is the residence completely enclosed by the fence? Yes ☐ No ☐

Where the fence(s) is/are? ____

17. Do you have a safe/strong-room in the residence? Yes ☐ No ☐

18. (a) Do you have any jewellery, the value of which exceeds P1 000 per single article or per pair or set of articles and which must not be inserted under Section 2 (All Risks Insurance)? Yes ☐ No ☐

(b) What is the estimated total value of all jewellery which must be insured under the policy, Section 2 (Contents Insurance) plus Section 3 (All Risks Insurance)? P ____

(c) Where do you keep the jewellery when not being worn?

____

INVENTORY OF HOUSEHOLD GOODS

It has been our experience for some time from the handling of claims that many of our clients are under-insured due to the advent of inflation and ever-increasing costs. Therefore, in view of the Condition of Average, it is in your interest to check the adequacy of your Sum Insured by using the following valuation schedule.

BEDROOMS	1	2	3	4
Bed and mattress				
Bedside radio				
Wardrobes				
Tables and chairs				
Curtains and loose carpets				
Paintings and ornaments				
Linen, blankets and bedding				
Clothing and footwear				
Furs and jewellery				
Reading lamps				
Toys				
TV set				
Other				
Total				

STUDY/WORKROOM	TOTAL
Desk and bookcases	
Tables and chairs	
Books and manuscripts	
Curtains and loose carpets	
Paintings and ornaments	
Sewing machine	
Knitting machine	
Cameras and projector	
Firearms and binoculars	
Typewriter	
Sporting equipment	
Reading lamps	
Other	
Total	

BATHROOM/TOILET	1	2
Curtains and loose carpets		
Towels and toiletries		
Shaving equipment		
Hairdrier		
Other		
Total		

ENTRANCE HALL/PASSAGE	
Tables and chairs	
Curtains and loose carpets	
Paintings and ornaments	
All household heaters	
Linen stored	
Other	
Total	

LAUNDRY	TOTAL
Washing machine	
Tumble drier	
Iron/Ironing board	
Curtains	
Linen stored	
Other	
Total	

LOUNGE	
Lounge suite	
TV, video and video games	
Hi-Fi and tape deck	
Records and tapes	
Display and cabinet	
Display articles	
Tables and chairs	
Curtains and loose carpets	
Paintings and ornaments	
Reading lamps	
Liquor and glass sets	
Other	
Total	

FAMILY ROOM	
TV, video and video games	
Hi-Fi and tape deck	
Records and tapes	
Tables and chairs	
Curtains and loose carpets	
Paintings and ornaments	
Piano and other instruments	
Reading lamps	
Liquor and glass sets	
Other	
Total	

DINING ROOM	
Dresser and sideboard	
Tables and chairs	
Dinner service	
Cutlery and silverware	
Reading lamps	
Display articles	
Glassware	
Hot tray	
Curtains and loose carpets	
Paintings and ornaments	
Tea trolley	
Other	
Total	

KITCHEN	
Fridge and contents	
Freezer and contents	
Dishwasher	
Mixer and Blender	
Vacuum and Polisher	
Electrical appliances	
Cutlery and crockery	
Furniture and curtains	
Groceries	
Kitchen utensils	
Microwave oven	
Other	
Total	

GARAGE AND WORKSHOP/STORES	
Power tools	
Hand tools	
Workbench and vice	
Bicycles	
Lawnmower and roller	
Garden furniture	
Garden implements	
Braai equipment	
Camping equipment	
Swimming pool equipment	
Welding equipment	
Other	
Total	

SERVANT'S QUARTERS	
Bed and mattress	
Wardrobe	
Tables and chairs	
Curtains and loose carpets	
Paintings and ornaments	
Linen, blankets and bedding	
Clothing and footwear	
Radio and TV	
Other	
Total	

Add an amount to provide for possible future purchases	
GRAND TOTAL	

DECLARATION

I declare that I have not withheld any material fact and I accept that this application and declaration form the basis of the contract between myself and HOLLARD INSURANCE BOTSWANA.

"I acknowledge that the sharing of claims information (including credit information) by insurers is essential to enable the insurance industry to underwrite policies and assess risks fairly and to reduce the incidence of fraudulent claims, in the public interest and with a view to limiting premiums. On my own behalf and on behalf of any person I represent herein, I hereby waive any right to privacy in any insurance information provided by me or on my behalf in respect of any insurance policy or claim made or lodged by me and I consent to such information being disclosed to any other insurance company or its agent. I also acknowledge that the information provided by me may be verified against other legitimate sources or databases. I also waive any rights of privacy and consent to the disclosure of any information relevant to any insurance policy or claim concerning me"

Signed at | this | day of | Y Y Y Y

Signature of proposer